MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09882290	06-14-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2		1						52						
3		1						53						
4		2						54						
5		~						55						
6		1						56						
7		2						57						
8		2						58						
9		2						59						
10		~						60						
11		1						61						
12		1						62						
13		1						63						
14		~						64						
15		1						65						
16		1						66						
17	1	1						67						
18		1						68						
19		1						69						
20		2						70						
21		2						71						
22		~						72						
23		~						73						
24		2						74						
25		~						75						
26		2						76						
27		2						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	~							TOTAL IND.						
TOTAL DEP.	44							TOTAL DEP.						
TOTAL CLAIMS	46							TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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